



## *St. James Catholic Church*

540 N.W. 132ND STREET • MIAMI, FLORIDA 33168  
TEL. (305) 681-7428 • FAX (305) 685-0631



October 9, 2015

Mr Aleem A. Ghany, PE  
City Manager  
776 NE 125<sup>TH</sup> Street  
North Miami, FL 33161

Dear Mr Ghany,

The Annual festival for St James Catholic Church is scheduled for February 12, 13, 14, 2016. We are therefore requesting to be on the agenda to appear before the City Council at the next available date.

We will hold the festival on Church grounds and will consist of rides; provided by Modern Midways, food booths, games and Arts and Crafts. The entire proceeds will be used for Church and School projects.

Thanking you in advance for your permission to appear before City Council.

Sincerely Yours,

  
Rev. Msgr Chanel Jeanty  
Pastor

  
10/14/15

CITY OF NORTH MIAMI  
APPLICATION FOR CARNIVAL PERMIT  
776 N.E. 125 STREET

1. Date: 10-09-2015
2. Organization Name: ST JAMES CATHOLIC CHURCH
3. Organization Address: 540 NW 132<sup>ND</sup> STREET - N. MIAMI FL 33168
4. Organization Phone No.: 305 681-7428
5. Name and Address of Applicant or Officers: \_\_\_\_\_

NAME	TITLE	ADDRESS CITY/ZIP	PHONE NO.
MSGR CHANEL JEANTY	PASTOR	540 NW 132 STREET	305 681 7428
REV. IVAN TOLED0	ASSOC. PASTOR	540 NW 132 STREET	305 681 7428

6. Name and Address of Person or Persons who will manage, control or direct the carnival to be transacted in the City of North Miami:

BRIAN L. MORRISSEY - MODERN MIDWAYS - 10400 SW 115 ST - MIAMI FL 33176

REV. MSGR CHANEL JEANTY - 540 NW 132 ST - N. MIAMI FL 33168

7. Scope of Carnival: THE CARNIVAL IS HELD TO RAISE FUNDS FOR THE SCHOOL FACILITY AND OTHER CHURCH PURPOSES. IT ALSO SERVES AS AN ANNUAL GATHERING FOR PARISH MEMBERS AND THE PEOPLE WITHIN THE COMMUNITY AREA.

8. Dates of Carnival: FEB 12-13-14, 2015
9. Hours of Carnival: FRIDAY 4:00 TO 12:00 AM - SAT: 3:00 PM TO 12:00 AM  
SUNDAY: 2:00 PM TO 11:00 PM

9. Letter of Request: ✓
10. Site Plan: ✓
11. Insurance Obtained: ✓

ST JAMES CATHOLIC CHURCH

BUSINESS NAME

Chanel Jeanty

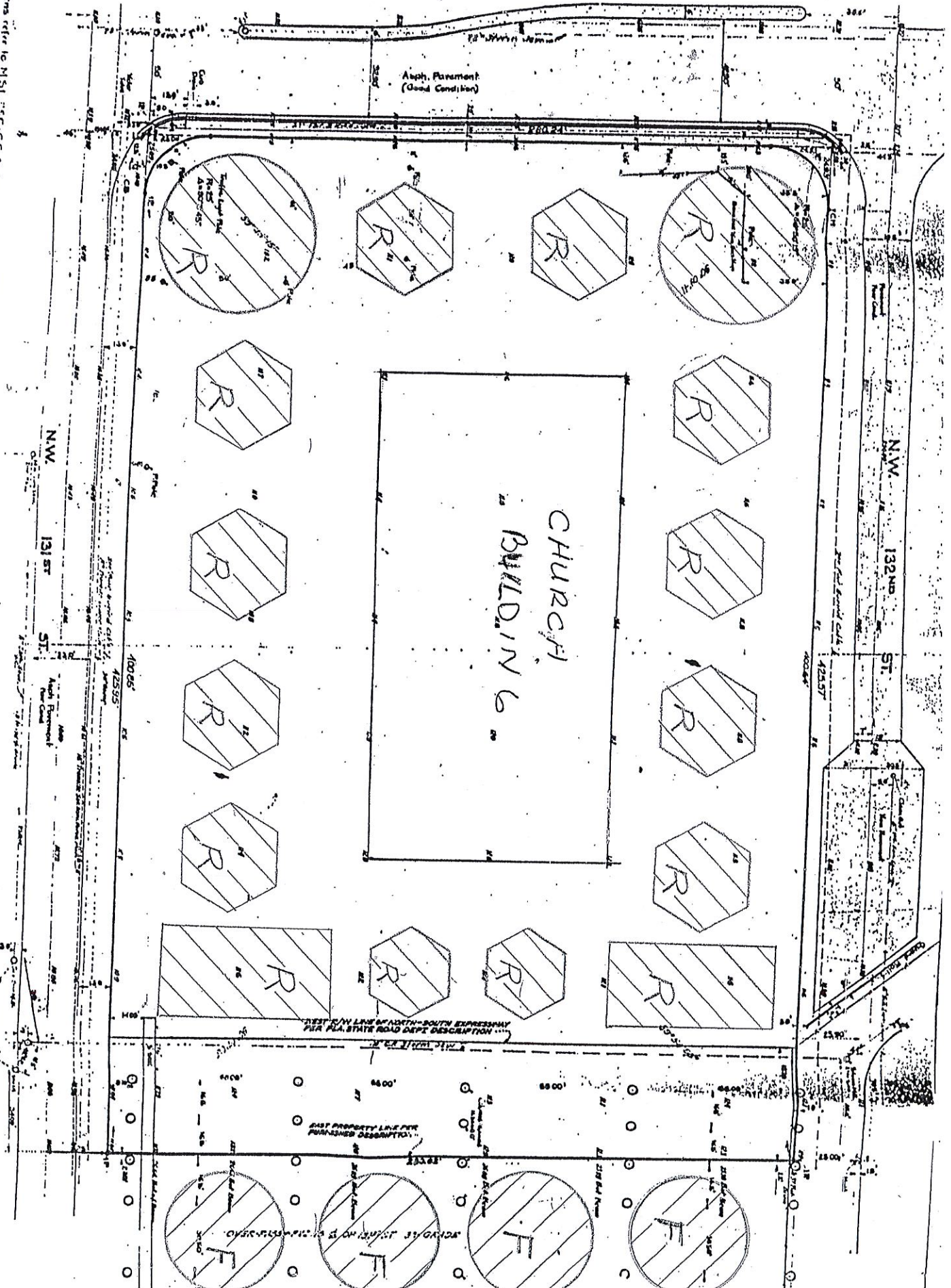
APPLICANT OR AUTHORIZED AGENT



SCALE: 1"=20'  
N

N.W. 7TH AVE.

NOTE: Elevations refer to MSL, DSCIGS Datum



**SURVEY**

OF A PORTION OF TRACT N. OF THE AMENDED PLAT  
OF PORTIONS OF NILEARN AND AVONDALE ACCORDING TO  
PLAT BOOK 49 PAGE 19 OF THE PUBLIC RECORDS OF DADE CO  
FLORIDA

I hereby certify that the attached map  
represents a true and correct survey  
131 55 N. 7th Ave.  
S. J. J. J.

Civil 14223





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 777 108th Ave NE, #200 Bellevue WA 98004		<b>CONTACT NAME:</b> Joanne Manion <b>PHONE (A/C, No, Ext):</b> 425-454-3386 <b>FAX (A/C, No):</b> 425-451-3716 <b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> T.H.E. Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1814384127 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPP010090205	4/3/2015	4/3/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPP010090205	4/3/2015	4/3/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			ELP001021006	4/3/2015	4/3/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC144670	10/29/2014	10/29/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Archdiocese of Miami; the Most Reverend Thomas Wenski, Archbishop; St. James Catholic Church & School; the City of North Miami are included as additional insureds as respects general liability but only as respects the operation of the named insured per policy terms and conditions - policy form CG133C 07/95.

**CERTIFICATE HOLDER**

City of North Miami  
12340 NE 8th Avenue  
North Miami FL 33161

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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<b>INSURED</b> BRIGTRA-01  Briggs Transport, Inc. Modern Midways, Inc. 22901 Sherman Road Steger IL 60475		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: T.H.E. Insurance Company		12866
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:** 2013007871**REVISION NUMBER:**

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							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$Excluded
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPP010090205	4/3/2015	4/3/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$0			ELP001021006	4/3/2015	4/3/2016	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
								\$
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							E.L. EACH ACCIDENT	\$1,000,000
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							E.L. DISEASE - POLICY LIMIT	\$1,000,000

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